

<i>SERFF Tracking Number:</i>	<i>FARM-125389383</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Farmers Insurance Company, Inc., ...</i>	<i>State Tracking Number:</i>	<i>\$100</i>
<i>Company Tracking Number:</i>	<i>FAR0740-207740, FAR0740-407740</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>F-AR-2007-PA-F</i>		
<i>Project Name/Number:</i>	<i>AR J6547, 1st ed - Household Pet Coverage/A-07-192</i>		

Filing at a Glance

Companies: Farmers Insurance Company, Inc., Mid-Century Insurance Company

Product Name: F-AR-2007-PA-F

SERFF Tr Num: FARM-125389383 State: Arkansas

TOI: 19.0 Personal Auto

SERFF Status: Closed

State Tr Num: \$100

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Co Tr Num: FAR0740-207740, FAR0740-407740

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding

Authors: Anahit Bekarian, Jeanette Campion, Gayane Rupchian, Mina

Villegas, Chris SalvaCruz, Edmond

Balaian

Date Submitted: 12/17/2007

Disposition Status: Approved

Effective Date Requested (New): 06/01/2008

Effective Date (New): 06/01/2008

Effective Date Requested (Renewal): 06/01/2008

Effective Date (Renewal):

State Filing Description:

Two checks were sent with this filing: #3010671343 \$50 and #2554 \$50.

General Information

Project Name: AR J6547, 1st ed - Household Pet Coverage

Project Number: A-07-192

Reference Organization:

Reference Title:

Filing Status Changed: 01/31/2008

State Status Changed: 01/29/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

We respectfully submit for your review and approval a new endorsement, Household Pet Coverage J6547 1st Edition.

This endorsement will provide coverage for the injury or death of our customer's household pets due to collision or total theft losses. This endorsement will attach to every policy without a premium charge. The maximum benefit per claim is \$600.

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<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>F-AR-2007-PA-F</i>		
<i>Project Name/Number:</i>	<i>AR J6547, 1st ed - Household Pet Coverage/A-07-192</i>		

We propose that this filing be applicable to all policies effective on or after June 1, 2008.

If you have any questions, please feel free to contact Jonathon Miller at (323) 930-4214

Thank you for your cooperation in this matter.

Very truly yours,
FARMERS INSURANCE GROUP

By: Jonathon Miller
Manager, Personal Lines Contracts

Company and Contact

Filing Contact Information

Feliksa Barran, Manager - Business
Implementation
4700 Wilshire Blvd.
Los Angeles, CA 90010

Feliksa_Barran@farmersinsurance.com

(323) 932-3056 [Phone]

Filing Company Information

Farmers Insurance Company, Inc.
10850 Lowell Avenue
Overland Park, KS 66210-1667
(323) 932-3056 ext. [Phone]

CoCode: 21628

State of Domicile: Kansas

Group Code: 212

Company Type:

Group Name:

State ID Number:

FEIN Number: 48-0609012

Mid-Century Insurance Company
4680 Wilshire Blvd.
Los Angeles, CA 90010
(323) 932-3056 ext. [Phone]

CoCode: 21687

State of Domicile: California

Group Code: 212

Company Type:

Group Name:

State ID Number:

FEIN Number: 95-6016640

Filing Fees

SERFF Tracking Number: FARM-125389383 *State:* Arkansas
First Filing Company: Farmers Insurance Company, Inc., ... *State Tracking Number:* \$100
Company Tracking Number: FAR0740-207740, FAR0740-407740
TOI: 19.0 Personal Auto *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)
Product Name: F-AR-2007-PA-F
Project Name/Number: AR J6547, 1st ed - Household Pet Coverage/A-07-192

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 is the required fee amount for each filing company -- FICI & MC -- for a total of \$100.
Both checks will be mailed to DOI on Tuesday, 12-18-2007.
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
3010671343	\$50.00	12/12/2007

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<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
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<i>Project Name/Number:</i>	<i>AR J6547, 1st ed - Household Pet Coverage/A-07-192</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	01/31/2008	01/31/2008

<i>SERFF Tracking Number:</i>	<i>FARM-125389383</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 01/31/2008
Effective Date (New): 06/01/2008
Effective Date (Renewal):
Status: Approved
Comment: When this filing initially arrived; there were no funds with it.

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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<i>Project Name/Number:</i>	<i>AR J6547, 1st ed - Household Pet Coverage/A-07-192</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Household Pet Coverage	Approved	Yes

SERFF Tracking Number:	FARM-125389383	State:	Arkansas
First Filing Company:	Farmers Insurance Company, Inc., ...	State Tracking Number:	\$100
Company Tracking Number:	FAR0740-207740, FAR0740-407740		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	F-AR-2007-PA-F		
Project Name/Number:	AR J6547, 1st ed - Household Pet Coverage/A-07-192		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Household Pet Coverage	J6547, 1st ed	12-07	Endorsement/Amendment/Conditions	New	46.60	Endorsement J6547, 1st ed.pdf

Household Pet Coverage

J6547
1st Edition

Your policy is amended as follows:

Under Part IV Damage To Your Car, the following is added to Additional Definitions Used in This Part Only:

4. "**Household pet**" means a fully domesticated animal owned by **you** for personal companionship, such as a dog, a cat, a reptile, a bird or a rodent. Household Pet does not include any type of horse, cow, pig, sheep, goat, chicken, turkey, or captive fur-bearing animal, or any animal commonly kept for food or profit.

Under Part IV Damage To Your Car, the following is added to Supplementary Payments:

3. If you have Coverage F - Comprehensive coverage for **your insured car** and your **Household Pets** are inside that insured car during its covered total theft, we will pay reasonable amounts up to \$600 for the loss, veterinary care, burial, or disposal of any and all such **Household Pets** because of that covered total theft loss. Theft of **Household Pets** will be paid based upon their actual cash value to a maximum of \$600 per covered total theft loss for any and all **Household Pets**.
4. If you have Coverage G - Collision and your **Household Pets** are inside that insured car at the time of a covered loss under Coverage G - Collision, we will pay reasonable amounts up to a total of \$600 for the loss, veterinary care, burial, and/or disposal of all such **Household Pets** arising out of their theft, injury or death during a covered loss. Loss of **Household Pets** will be paid based upon its their actual cash value to a maximum of \$600 per covered loss for any and all **Household Pets**.

Under Part IV Damage To Your Car, the following is added to Exclusions:

12. To **Household Pets** that are injured or die from heat, dehydration, or exposure to weather or to other animals from any covered loss under Coverage F or Coverage G.

Under Part IV Damage To Your Car, the following is added to Limits of Liability:

3. Under Coverage F and Coverage G, \$600 for any one covered loss, for any and all **Household Pets** stolen, injured or killed as a result of that covered loss.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all other terms of the policy.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	01/31/2008
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Comments:

Attachment:

P & C transmittal.pdf


Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Farmers Insurance Group of Companies				Group NAIC #
					0212
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	
Farmers Insurance Company, Inc	KS	21628	48-0609012	0212	
Mid-Century Insurance Company	CA	21687	95-6016640	0212	

5. Company Tracking Number	AAR0701-207740, AAR0701-407740
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Jonathan Miller 4700 Wilshire Blvd. Los Angeles, CA 90010	Contract Manager	(323) 930-4214	(323) 932-4275	jonathon_miller@farmersinsurance.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Mina A. Villegas		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	19.0 Personal Auto
10. Sub-Type of Insurance (Sub-TOI)	19.0001 Private Passenger Auto
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	19.0/19.0001
12. Company Program Title (Marketing title)	J6547 – Household Pet Coverage
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 06/1/2008 Renewal: 6/1/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	12/17/2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Please see attached cover memo

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: Mid-Century - 3010671343 Farmers Insurance Co. – not available yet	
Amount: \$50.00	
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)